

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

8442 **63-033893**
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District **1003**

Registrar's No. _____

FILED AUG 29 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN **St. Louis**

Length of stay in 1b

8-days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** COUNTY

c. CITY

OR TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION **Lutheran Hospital**

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

4538 Michigan Ave.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

William

Middle

J.

Last

Malone, Sr.

4. DATE OF DEATH

Month

August

Day

Year

18, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☒ **Never Married**

8. DATE OF BIRTH

5/1/90

9. AGE (last birthday)

73

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

(retired) Furniture Finisher Biederman Co. Kansas City, Mo. U.S.A.

13a. FATHER'S NAME

Malone

13b. MOTHER'S MAIDEN NAME

unknown

14. NAME OF HUSBAND OR WIFE

Jessie Stears Malone

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

17. INFORMANT

Wm. Malone, Jr. - 4538 Michigan Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bilateral bronchial pneumonia

DUE TO (b)

Generalized and cerebral arteriosclerosis

DUE TO (c)

Mild colon diverticulosis

Blood vessels general

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

334X

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10 August 1963 to 18 August 1963 and last saw him alive on 16 August 1963
Death occurred at **3:15 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

6500 Chippewa, St. Louis

22c. DATE SIGNED

8/19/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Aug. 20, 1963

23c. NAME OF CEMETERY OR CREMATORY

St. Matthew's Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Missouri

24. FUNERAL DIRECTOR

Wacker-Helderle U & L Company

ADDRESS

3634 Gravois

25. DATE RECD. BY LOCAL REG.

AUG 20 1963

26. REGISTRAR'S SIGNATURE

Load Smith. M.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert J. Krispin

Licensed Embalmer No. 3497

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.